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PTO/SB/05 (08/00)

Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 39740-0009A
First Inventor or Application Identifier Agus, et al.		Title GENE EXPRESSION MARKERS FOR RESPONSE TO EGFR INHIBITOR DRUGS
Express Mail Label No. EV049798815US		

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   | 7. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> )           |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary) |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>34</u> ]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed-Sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Detailed Description of the Drawings</li><li>- Detailed Description</li><li>- Claim(s)</li></ul> | a. <input checked="" type="checkbox"/> Computer Readable Copy                         |
| 4. <input type="checkbox"/> Drawing(s) (37CFR 1.152) [Total Sheets <u>    </u> ]  | b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)        |
| 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>6</u> ] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 17 completed)</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul>   | c. <input checked="" type="checkbox"/> Statement verifying identity of above copies   |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |   |

#### ACCOMPANYING APPLICATION PARTS

- |  |
|--|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)  |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |
| 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations<br>Statement (IDS) PTO-1449 |
| 13. <input type="checkbox"/> Preliminary Amendment   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)                          |
| 16. <input type="checkbox"/> Other: _____  |

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:
- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

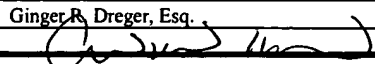
Prior application information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		25213		or <input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)					
NAME	Ginger R. Dreger, Esq.				
ADDRESS	HELLER, EHRMAN, WHITE & McAULIFFE, LLP 275 Middlefield Road				
CITY	Menlo Park	STATE	CA	ZIP CODE	94025
COUNTRY	USA	TELEPHONE	650.324-7000	FAX	650.324-0638

Name (Print/Type)	Ginger R. Dreger, Esq.	Registration No. (Attorney/Agent)	33,055
Signature		Date	February 6, 2004

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FEE TRANSMITTAL for FY 2004 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Unassigned
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	February 6, 2004
1,590.00		First Named Inventor	David Agus, et al.
		Examiner Name	Unassigned
		Art Unit	Unassigned
		Attorney Docket No.	39740-0009A

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES					
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No. 39740-0009A) Deposit Account Name: Heller Ehrman White & McAuliffe LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
1001	770	2001	385	Utility filing fee	385.00		
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)					385.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	105	-20** =	85	Fee from below	9.00	Fee Paid	765.00
Independent Claims	8	-3** =	5		43.00		215.00
Multiple Dependent					145.00		145.00
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					1,125.00		
**or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY		Complete (if applicable)					
Name (Print/Type)	Ginger R. Dreger, Esq.	Registration No. (Attorney/Agent)	33,055	Telephone	650-324-7000		
Signature		Date	February 6, 2004	Customer No. 25213			

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